

# NHS Luton CCG Personal Health Budget Policy

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## **Personal Health Budget**

### ***Framework for Direct Payment of Personal Health Budgets***

#### **Purpose of the document**

Luton Clinical Commissioning Group (LCCG) will be implementing personal health budgets from 1<sup>st</sup> April 2014 for adults eligible for 100% continuing healthcare funding. Those eligible will have the right to ask for a personal health budget. They will have the right to have from 1<sup>st</sup> October 2014. The personal health budgets would be rolled out for others not eligible to continuing healthcare but have a long term condition from 1<sup>st</sup> April 2015.

This framework document describes the mechanisms being proposed to deliver Direct Payments for Healthcare under the auspices of the Personal Health Budget national programme under the National Health Service (Direct Payments) Regulations 2010, National Health Service Direct Payment Regulation 2013 (<http://www.legislation.gov.uk/uksi/2013/2354/made>)

<http://www.legislation.gov.uk/id/uksi/2013/1617>

#### **Introduction**

A direct payment is a transfer of cash made to eligible individuals so that they can purchase the care they have been assessed as needing to meet those needs and towards their identified outcomes.

The Health Act 2009 provides those Primary Care Trusts (PCTs) piloting Personal Health Budgets with the opportunity to apply for the legal powers to give eligible individuals Direct Health Payments which can be used by the individual to secure services to meet their assessed needs, and enabling the individual increased control of their care with the responsibility for arranging and directing those services.

#### ***Who could receive a direct payment?***

The individual will need to be registered with a GP based in Luton and aged over 18 years. The individual will have a primary health need qualifying for NHS Continuing Health Care.

Direct payments under this scheme are to be undertaken voluntarily, and the opportunity for individuals to be involved will be by invitation at the point they have been approved as eligible for continuing healthcare and not affected by the restrictions. For example not on a fast track application or if required to live in a 24 hour registered nursing / residential home.

There is no obligation for an individual to accept the offer. Declination of involvement will not be detrimental to the individual. Should the individual wish to be involved it is stipulated that the individual is free to choose to resume traditional care packages at any time.

### **Restrictions to who can receive a direct payment**

There are some people to whom the duty to make Direct Payments does not apply (Appendix 1) set out in The National Health Service (Direct Payments) Regulations 2013 and the guidance for Direct Payments for Healthcare the Regulations March 2014.

Links available for legislation, NHSE guidance and information from the pilots best practise are recommended in this framework and are available on NHS England website

[www.personalhealthbudgets.dh.gov.uk/toolkit](http://www.personalhealthbudgets.dh.gov.uk/toolkit)

This includes those:

- a. subject to a drug rehabilitation requirement, as defined by section 209 of the Criminal Justice Act 2003 (drug rehabilitation requirement), imposed by a community order within the meaning of section 177 (community orders) of that Act, or by a suspended sentence of imprisonment within the meaning of section 189 of that Act (suspended sentences of imprisonment);
- b. subject to an alcohol treatment requirement as defined by section 212 of the Criminal Justice Act 2003 (alcohol treatment requirement), imposed by a community order, within the meaning of section 177 of that Act, or by a suspended sentence of imprisonment, within the meaning of section 189 of that Act;
- c. released on licence under Part 2 of the Criminal Justice Act 1991 (early release of prisoners), Chapter 6 of Part 12 of the Criminal Justice Act 2003 (release on licence) or Chapter 2 of the Crime (Sentences) Act 1997 (life sentences) subject to a non-standard licence condition requiring the offender to undertake offending behaviour work to address drug or alcohol related behaviour;
- d. required to submit to treatment for their drug or alcohol dependency by virtue of a community rehabilitation order within the meaning of section 41 of the Powers of Criminal Courts (Sentencing) Act 2000 (community rehabilitation orders) or a community punishment and rehabilitation order within the meaning of section 51 of that Act (community punishment and rehabilitation orders)
- e. subject to a drug treatment and testing order imposed under section 52 of the Powers of Criminal Courts (Sentencing) Act 2000 (drug treatment and testing orders)

- f. subject to a youth rehabilitation order imposed in accordance with paragraph 22 (drug treatment requirement) of Schedule 1 to the Criminal Justice and Immigration Act 2008 (“the 2008 Act”) which requires the person to submit to treatment pursuant to a drug treatment requirement;
- g. subject to a youth rehabilitation order imposed in accordance with paragraph 23 of Schedule 1 to the 2008 Act (drug testing requirement) which includes a drug testing requirement;
- h. subject to a youth rehabilitation order imposed in accordance with paragraph 24 of Schedule 1 to the 2008 Act (intoxicating substance treatment requirement) which requires the person to submit to treatment pursuant to an intoxicating substance treatment requirement
- i. required to submit to treatment for their drug or alcohol dependency by virtue of a requirement of a probation order within the meaning of sections 228 to 230 of the Criminal Procedure (Scotland) Act 1995 (probation orders) or subject to a drug treatment and testing order within the meaning of section 234B of that Act (drug treatment and testing order)
- j. released on licence under section 22 (release on licence of persons serving determinate sentences) or section 26 of the Prisons (Scotland) Act 1989 release on licence of persons sentenced to imprisonment for life, etc.)<sup>34</sup> or under section 1 (release of short-term, long term and life prisoners) or section 1AA of the Prisoners and Criminal Proceedings (Scotland) Act 1993 (release of certain sexual offenders) and subject to a condition that they submit to treatment for their drug or alcohol dependency.

If the individual is subject to certain criminal justice orders for alcohol or drug misuse, then they will not receive a direct payment. However, they might be able to use another form of personal health budget to personalise their care in the future but this would not be within continuing healthcare or long term conditions.

### **Luton Clinical Commissioning Group Refusal of Direct Payment request**

Currently Direct Payments for continuing healthcare are not a right to have for the individual. As such LCCG reserves the right to refuse requests for Direct Payments for Health Care. This is likely to be for the following reasons -

- Restrictions detailed above
- LCCG holds significant doubt around an individual’s ability to manage direct Payments based on history of non-compliance with their care and treatments, risk of or history of safeguarding, history of or current financial debt to the local authority.
- The individual’s health condition is not suitable.

- There is a high likelihood of direct payment being abused
- For those receiving an NHS service through the continuing healthcare pathway. The individual does not meet or no longer meets continuing healthcare eligibility criteria.

Such a view to refusal, both for the individual or a representative of the individual, may be formed from information gained from anyone known to be involved with the individual, including health professionals, social care professionals, the individual's family and close friends, and carers for the individual.

In all cases of refusal the person and their representative will be informed in writing of the refusal and the grounds by which the request is declined.

Where Direct Payments are refused by LCCG Continuing Healthcare Team other options to improve the choice and control of the care package for the individual will be explored and facilitated as much as is possible.

### **Consent**

In line with LCCG Continuing Healthcare Mental Capacity assessment, is a welfare decision following guidance in the National Framework for NHS Continuing Healthcare and NHS Funded Nursing Care 2012, [www.dh.gov.uk/health/2012/11/continuing-healthcare-revisions](http://www.dh.gov.uk/health/2012/11/continuing-healthcare-revisions) and at all stages of the Personal Health Budget processes, the ability for a person to consent is assumed unless proven to be otherwise.

Where, following application of the Mental Capacity guidance, mental capacity to consent is not considered present it is required that a person be identified with legal powers to represent the individual - including to manage financial and care matters. It is essential that the representative themselves express willingness to undertake the responsibilities of managing the Direct Payments using the same options as described below for 'the individual'.

Representation is not only possible where the individual demonstrates low capacity. If the individual has capacity to consent but wishes to use a nominated representative to manage their direct payment LCCG will expect the representative to perform the duties of the representative and to consult with the individual before making decisions on their behalf.

Where an individual has transient capacity, or low capacity to manage their own accounts and affairs yet still wishes to take up control of their care through Direct Health Payments, LCCG strongly recommends this takes place through 3<sup>rd</sup> party supported accounts.

### **Representative**

Before acknowledging a person's representative role LCCG will consider

- whether the individual receiving care had, when they had capacity, expressed a wish to receive direct payments, or have someone receive them on their behalf<sup>i</sup>
- whether the individual's beliefs or values would have influenced them to have consented or not consented to receiving a direct payment
- any other factors that would be likely to influence their decision to consent or not to receiving direct payments
- As far as possible, the individual's current wishes and feelings.
- Where a nominated representative is not a close family member or a close friend involved in the individual's care then LCCG requires the representative to apply for an enhanced criminal record bureau certificate.

Where a representative is responsible for managing the direct payment on behalf of the individual they must:

- act on behalf of the person, e.g. to help develop Personal Care Plans and to hold the direct payment;
- act in the best interests of the individual when securing the provision of services;
- be the principal person for all contracts and agreements, e.g. as an employer;
- use the direct payment in line with the agreed Personal Care Plan
- Comply with any other requirement that would normally be undertaken by the individual (e.g. review, providing information).

Direct Health Payment regulations 2013 permit LCCG Continuing Healthcare Team to appoint someone to act as representative on the individual's behalf. In some cases, it may be appropriate to do so. This should occur if the individual receiving care would benefit from a direct payment, and there is nobody else who is able to act as a representative. An appointed representative could be anyone deemed suitable by LCCG, and who would accept the role. It is important for LCCG to take into account the past expressed wishes of the patient and, as far as possible, their current wishes and feelings. Where possible this should be someone with a close relationship to the person, for example a close family member or a friend.

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<sup>i</sup> Notes on Enduring Power of Attorney. A person with legal capacity can make an enduring power of attorney. They make the EPA in the expectation that if they lose capacity the person appointed, as attorney will lawfully be able to continue to deal with their property and affairs once the power is registered. If the person is in receipt of Direct Payments then the attorney under the EPA can continue to receive payments on their behalf.

However, this relies on the person previously consenting to receiving Direct Payments at the time when they had the capacity to do so. An attorney acting on the person's behalf cannot give consent on the service user's behalf. If a person, to the knowledge of the CCG, becomes permanently incapable of managing Direct Payments whether alone or with help, the CCG is required by the regulations to terminate the Direct Payments, and arrange for the provision of direct services.

## **Assistance in managing Direct Payments**

Direct payment into an individual's nominated bank account is only one option available to a Personal health Budget holder, the others including (See Appendix 2

[www.personalhealthbudgets.nhs.uk/topics/toolkit](http://www.personalhealthbudgets.nhs.uk/topics/toolkit)

(Options for Managing money)

## **Personal Health Budgets in Luton – information for patients and families**

This document will be revised during 2014 based on feedback from users.

### **Introduction**

A Personal Health Budget (PHB) is a sum of NHS money available to meet the health and wellbeing needs of people with serious long-term illness or health conditions. The system for arranging Personal Health Budgets is run by Luton Clinical Commissioning Group

If you are eligible for NHS Continuing Healthcare and living at home you can request a PHB. This information leaflet covers PHBs for adults 18 years or over. There is a separate system for offering PHBs to children and young people and details about this can be obtained from contacts in Education, Social Care and health.

### **What is the purpose of a personal health budget (PHB)?**

The aim of PHBs is to offer people more choice and control over the way that their care and support is arranged.

### **What can a personal health budget be spent on?**

A PHB can be spent on support, services, equipment and activities that will help people achieve the health and wellbeing outcomes that are important to them. Examples of how you might choose to spend a PHB include:

- Personal assistance to help with daily living and getting out and about.
- Equipment, aids and adaptations to help with day to day tasks.
- Activities that will help you become more active in the community and improve your physical and mental health.
- Taking a break to give you and your carer some respite
- Support to do things yourself rather than someone else doing it for you e.g. shopping, cooking.

### **What you cannot spend a personal health budget on**

You cannot spend your PHB on the following health services:

- Primary health care including GP services
- General medical services including emergency and acute hospital services and surgery
- Optical, dental and other service which everyone has to pay for (unless exempt)
- Prescription charges, which everyone has to pay for (unless exempt)

- Medicines
- Vaccination and health checks
- District nursing and community health services such as wound care, tissue viability, continence advice, medicine management and postoperative treatment
- Intermediate care to prevent hospital admission or provide rehabilitation after hospital discharge.

You cannot use a PHB to cover the following costs:

- Day to day living expenses such as food, rent, utility bills etc
- Alcohol, tobacco, gambling and repaying debt.

### **What do I need to do if I want to consider a personal health budget?**

If you are already eligible for NHS Continuing Healthcare and have been receiving home care support services arranged by the NHS you can request a PHB when your needs are reviewed. Reviews are normally arranged once a year or sooner than that if your needs change. You can ask the person who reviews YOUR needs about a PHB.

If you have just been told that you are eligible for NHS Continuing Healthcare then you should receive information about PHBs when your eligibility is confirmed. In order for a PHB to be considered your condition must be stable. If, for example, you are receiving reablement or rehabilitation and it is possible that your health status will improve the process of discussing a PHB may be delayed until your condition is more stable.

### **What is the process for getting a personal health budget?**

If you decide that you would like a personal health budget then the next step will be to develop your own care and support plan. The plan describes the things that are important to you in your daily life, what is working well and what needs to change. By the time the plan is complete it should set out the type of support that will meet your needs and the resources to meet those needs.

A care coordinator will work with you to develop the plan and provide as much support as you need; they will discuss with you the size of the budget called an indicative budget that could be available to meet your needs.

### **How would I receive my personal health budget?**

You can receive your PHB in three different ways:

#### **Direct payments**

These are cash payments paid into a separate bank account and that you manage yourself. There are rules about who can receive a direct payment

and how it must be managed. You can choose to take some of your PHB as a direct payment and some as a notional budget.

- **nominal budget** If you do not want a direct payment then care and support can be arranged for you by your care coordinator from a range of available services
- **3<sup>rd</sup> party payment (supported direct payments)** If there is a suitable organisation that agrees to hold your budget for you they can purchase care and support for you (See Appendix 3 Disability Resource Centre Personalised Services )

It is anticipated that usually the individual will need to utilise a mixture of these options to manage their care. Where an individual chooses Direct Payment or 3<sup>rd</sup> Party direct payment there are extra responsibilities on the individual (or their representative) necessary to manage their care package legally and safely described within the Personal Health Care Agreement.

It is essential that either the individual or their representative has the ability to manage their Direct Payments and bank accounts. Where the individual or representative feels assistance is required, where mental capacity indicates, or where financial audit finds skills in managing finances are high risk the individual or their representative can benefit from a 3<sup>rd</sup> party arrangement.

LCCG will need to agree a contract with a 3<sup>rd</sup> Party provider. There is a need to develop the market as the numbers and demand increase the potential for more third party organisations to develop in the community. Currently the third party provider available is the Disability Resource Centre (DRC) Direct payments Team, Poynters Rd, Houghton Regis. They offer 3<sup>rd</sup> party assisted Direct Payment Managed Bank Accounts on LCCG and the budget holder's behalf. The DRC offer a menu of services at a cost on an individual basis (Appendix 1 Menu of Services) A third party provider support individuals in activities such as recruiting, employing staff, and payroll. This option for support is open to people with Direct Health Payments, along with other services as they become available. (Appendix 1)

The DRC will not monitor the quality of care provided or complete any care plan reviews for the PHB holder this will remain the responsibility of the LCCG Continuing Healthcare (CHC) Team for those eligible to 100% CHC funding. The DRC accounts team will share evidence of financial accounts that LCCG have paid in and what has been paid out to the carers or services. DRC will request bank statements as proof and share this with LCCG Finance manager on a monthly or other agreed timeframe.

Individuals employing staff are strongly recommended to utilise the 3<sup>rd</sup> party options to ensure the legal responsibilities of being an employer are satisfied. Should the individual not wish to accept this recommendation the

requirements of employment law falls to the individual as employer. “Working with personal assistants”.

[www.Personalhealthbudgets.dh.gov.uk/toolkit](http://www.Personalhealthbudgets.dh.gov.uk/toolkit)

[www.skillsforcare.org.uk](http://www.skillsforcare.org.uk)

[www.hmrc.gov.uk](http://www.hmrc.gov.uk)

[www.dh.gov.uk](http://www.dh.gov.uk)

HMRC Guidance when using Self-employed Personal Assistants)

### **Care Planning**

The regulations for Direct Personal Health Payments require a Care Planning and approval process.

The Care Plan is developed in partnership between the individual, their carer, and/or the individual’s representative, and the lead clinician for the individual.

The Care Plan must set out –

- a. the health needs and outcomes to be met by the services in the plan;
- b. the services that the direct payment will be used to purchase.
- c. the size of the direct payment, and how often it will be paid.
- d. an agreed procedure for managing significant potential risk and a contingency emergency plan to cover carer sickness and holidays that should not be a reliant on emergency services.
- e. who will be responsible for monitoring the patient's health condition.

Personalised Planning can commence -

- Once the individual is approved for 100% continuing healthcare and receiving care in the community.
- PHB consent will have been identified through the mental capacity assessment process and continuing healthcare health outcomes assessment completed as identified from the decision support tool assessment.

The first stage of Personalised Planning is a conversation between the Continuing healthcare (CHC) assessor case manager and the individual. Others may be involved at the discretion of the individual. The continuing healthcare case manager has a duty to secure the opinions, recommendations and agreement of the plan before the personal healthcare plan can pass to further stages of the agreement process.

The CHC case manager will be required to monitor the progress of the individual against the plan, and is the usual facilitator of the plan. However, where this is not practicable or suitable for the individual alternatives can be arranged.

It is specified in the Regulations governing Direct Health Payments that the NHS worker need to have a detailed discussion with the individual and representative about potential risks, and how they can be managed. This should be part of an ongoing dialogue between people and LCCG about how to manage risk, and evidenced within the Care Plan.

The Care Plan must contain details of any proportionate means of mitigating the identified risks, and this should be informed by a discussion of the significant potential risks and their consequences. The individual and their representative must agree on a procedure for managing significant potential risk, and this will need to be included in the Care Plan and on an individual basis.

The most anticipated risks identified thus far include:

- Risks to the person's health
- Health risks of different treatments
- Risk around employing members of staff
- Purchasing services without appropriate indemnity cover
- Purchasing services lacking complaints procedures
- The direct payment being misused.

The option for Direct Payments is intended to enable non-traditional solutions towards a defined outcome, thereby meeting the individual's needs. Embracing a non-traditional approach inherently requires a new approach to risk for health care planning. LCCG is required to account for its decisions to agree or sign up their support for individuals to use public money in such innovative ways. This sees the personalised health system adopt similar mechanisms and share structures with Social Care

### **Agreeing the Care/Support Plan**

There is a delicate balance between empowerment and safeguarding, choice and risk. [www.personalhealthbudgets.dh.gov.uk/toolkit](http://www.personalhealthbudgets.dh.gov.uk/toolkit)

Choice and Risk Personal Health Budget Document) *Independence, Choice and Risk: A guide to best practice in supported decision making* suggests that, whatever the setting: "the governing principle behind good approaches to choice and risk is that people have the right to live their lives to the full as long as that does not stop others from doing the same".

Nevertheless, there are requirements specified for all parties in the decision making process, including the individual and their representative.

Before agreeing a Care Plan LCCG must be satisfied that (Appendix 7 Personal Health Budget Personal Assistant delegation, training and accountability)

a. the health needs of the patient will be met by the services in the care plan

and

b. the amount of money in the care plan will be sufficient to cover the full costs of the services in the care plan. Risk and scrutiny plan Budget calculating risk.

The process to agree a Care Plan as a personal health budget will need to gain approval, or sign-off, by a LCCG panel.

The panel members will be PHB project manager with completed individuals plan costed, CHC lead, CCG CHC & PHB Lead, safeguarding & quality lead and senior finance manager. The panel to agree plans and sign off or send back for more work if any risks or contingency plans not accounted for.

Once the Care plan is approved -Agree the actual budget LCCG CHC Lead, PHB, Finance Lead

The sign-off process is tight for the early stage of implementation, and as the organisation gains more understanding of the approach and its application to health care the process and procedures will necessarily be required to adapt.

The outcome of the plan needs to be agreed with the individual and/or their representative that

the health needs of the patient will be met by the services in the care plan

and

the amount of money in the care plan will be sufficient to cover the full costs of the services in the care plan.

the person receiving care will be part of the review, and their continuing healthcare eligibility primary health needs will be re-assessed as part of that. The review will be held at 6 weeks for the direct payment (DP) and 3 months for eligibility to CHC, then annually for eligibility to CHC and 6 monthly or sooner if required for DP monitoring, by the CHC Team.

The primary priority for LCCG is that the care to be administered through the Care Plan towards the desired outcomes is clinically safe. LCCG believes that such safety should not be open to the potential challenge that a package of

care is compromised by financial considerations. As such a separate panel of seniors will review the plan and its contingencies with regards to clinical safety and robustness. This is the existing Continuing Health Care team process with a PHB project manager and their Lead manager for the CCG with safeguarding and quality lead .

The senior clinicians that sit on the Continuing Health Care personal health budget panel consider not only the clinical needs under the model of the national Continuing Care Framework, but also have a mind towards the clinicians role and responsibilities towards the individual under the Safeguarding Vulnerable Groups legislation. The group also functions in practise as a peer support network towards professional best practice, developing learning within the group and for the Personalising Health Care project

### **What can the Direct Payments be used for?**

(Appendix 8 Regulations) There are a few restrictions on what a direct payment may be spent on.

- A direct payment cannot be used to purchase
  - Alcohol
  - Tobacco
  - cannot be used for gambling
  - Cannot be used to repay a debt other than for a service agreed in the care plan.
  - Anything that is illegal

In addition Direct Health Payments regulations stipulate –

- A direct payment should also not be used to purchase primary medical services provided by GPs, such as
  - diagnostic tests
  - basic medical treatment
  - Vaccinations.

If the individual wishes to buy a service which is a regulated activity, they will need to inquire as to whether their preferred provider is appropriately registered with the Care Quality Commission. If someone wishes to use a direct payment to purchase a service which is not a regulated activity, LCCG need to discuss how this will be decided. Governances needs to decide this.

A direct payment cannot be used to purchase a regulated activity from a non-registered service provider. Where the individual employs a care worker directly, without the involvement of an agency or employer, the employee does not need to register with CQC.

In some circumstances, the provider may also need to be a registered member of a professional body affiliated with the Council for Healthcare

Regulatory Excellence. A direct payment should not be used to purchase care from someone who is unregistered if they are required to be.

### **Nursing and Residential Homes**

The Personal Health Care LCCG will not support a Personal Health Budget or Direct Payment for needs that can only be met through long term 24/7 nursing home care.

Nursing Homes or Residential Homes could be used to support respite plans within the Care/Support Plan, or to support an outcome towards more independent living. In these cases the cumulative length of stay should be less than six weeks within a twelve month timeframe.

### **Emergency Care & Hospital**

The PHB and subsequent DP do not and will not include emergency care and hospital admissions planned or unplanned. The traditional NHS systems must remain in place.

Should a DHP recipient require hospital admission the Direct Payment will stop, to be re-started on discharge. The money accrued in the DP account through this period may be recovered by LCCG. Should the individual's needs have changed on discharge subsequent amendment to the Personalised Plan and modified PHB or DP will need to be accepted through the review process.

Where individuals admitted to hospital have used their DP to employ their own staff LCCG will continue the Direct Payment to support those staff's wages thus enabling the individual to maintain their care package. This will not be an indefinite arrangement; it will be dealt with on a case by case basis, and will be expected to be for a maximum of 6-8 weeks. Need to agree how this is decided and by whom.

### **Equipment**

LCCG may make Direct Payments to enable individuals to purchase equipment that would have otherwise been provided by the Health services.

Direct payments cannot be used to purchase services or equipment for which LCCG has not given clinically assessed agreement. Equipment purchased through Direct Payment will require maintenance contracts to be in place.

If making a Direct Payment for the purchase of equipment, LCCG will need to be satisfied that the person's need for the service will be met by the user's own arrangements. In particular, the CCG will wish to ensure that the Direct Payment's recipient is adequately supported by specialist expertise. This is particularly in the case of major items, when advice may be needed to ensure that equipment purchased is safe and appropriate.

## **Employing staff**

(Appendix 5 HMC Guidance when using Self-employed Personal thbudgets.dh.Assistants[www.personalhealthbudgets.dh.gov.uk/toolkit](http://www.personalhealthbudgets.dh.gov.uk/toolkit) search engine) When employing or contracting with someone known to the individual receiving care services (e.g. a friend or family member), it will be at the individual's discretion whether or not to require them to undertake an enhanced CRB check. If the employee is known to the representative, but not the individual receiving the care, an enhanced CRB check will be required.

Anyone else involved in the management or delivery of care must have undertaken an enhanced CRB check; the individual and their representative must be made aware of the outcome.

The individual's Care/Support Plan will need to detail how they will fulfil the role as employer, including handling issues such as NI, PAYE, and liability insurance. Clear plans should be made around recruitment and termination of employees, sickness cover (contingency plans), and other HR issues as necessary. Agencies such as a third party Disability Resource Centre can assist at a cost to the individual to address these matters adequately

## **Employing Close Relatives**

Unless LCCG is satisfied that it is necessary to meet a person's needs, it may not allow people to use Direct Payments to secure services from a spouse (husband or wife, from a partner (the other member of an unmarried couple with whom they live), or from a close relative (or their spouse or partner) who lives in the same household as the Direct Payment recipient.

This restriction is not intended to prevent people using their direct payments to employ a live-in personal assistant, provided the person is not someone who would usually be excluded by the Regulations. The restriction applies where the relationship between two people is primarily personal rather than contractual, for example, if the people concerned would be living together in any event.

## **Supplementary or Additional Care**

It should be noted that direct payments do not circumvent existing government policy around additional private care. In no circumstances should the budget be set at a level where an individual is expected to pay for care privately in order to meet their agreed health needs.

If the individual wishes to purchase additional care privately, they may do so, so long as it is additional to their assessed needs, and it is a separate episode of care with clearly separate lines of clinical accountability and governance. Unlike Social Care, it is against the law for NHS CCG's to request

'contribution', 'charge' or 'top-up' payments towards health care from patients and carers.

### ***Calculating the Direct Payment***

The Direct Payment must meet the full cost of the plan, and thus the cost of the agreed Care/Support Plan is the amount the individual will receive through Direct Payment. This will include costs associated with contingencies identified and detailed within the Care/Support Plan.

However, not being aware of the costs of services or components at the start of the Personalised Planning process will not bring about the most efficient plans. LCCG will endeavour to give as much advanced notice of the level of budget as is possible within the capacity of the organisation. To speed up this process the project manager is developing ready reckoner tools to inform the panel and individuals and those that assist them to develop their Care/Support Plan.

### **Reasonable Costs**

This will require some additional work from clinicians, being based on the same domains as Continuing Health Care Decision Support Tool (the DST). To provide the framework for what LCCG will consider 'reasonable costs'. There are scenarios where individuals may request services that cost more than the calculated reasonable cost.

LCCG is not obliged to fund particular costs associated with the individual's preferred method of securing a service. If the cost exceeds the 'reasonable cost' of securing it and the service can be secured more cost effectively (but still to the required standard) in another way, LCCG may insist on the more efficient option.

LCCG is not obliged to fund particular costs incurred by the individual, for example non-statutory liabilities such as ex gratia bonus payments.

When an individual uses Direct Payments to purchase their care through a provider service their price will include on-costs, covering NI, PAYE, and liability insurance as well as supporting management structures. This cost however will be a complete cost to be detailed within the Care/Support Plan.

Where an individual uses Direct Payments to employ staff to meet their care needs there will be additional costs to consider – NI, PAYE, and liability insurance, but also potentially payroll services and other employment support. These costs will be met by the Direct Payment provided they are adequately detailed within the Care/Support Plan and risk assessed.

# PERSONAL HEALTH BUDGET RISK ASSESSMENT

## PHB

<b>NAME:</b>		<b>NHS NO:</b>		<b>DATE OF BIRTH:</b>	
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IDENTIFIED RISK	MITIGATION AGAINST RISK	ACCEPTABLE RISK			
<b>Clinical:</b>					
1			Yes		No
2			Yes		No
3			Yes		No
<b>Financial:</b>					
4			Yes		No
5			Yes		No
6			Yes		No
<b>Reputational:</b>					
7			Yes		No
8			Yes		No
9			Yes		No
<b>Other:</b>					
10	Adult/Child Protection		Yes		No
11	Mental Capacity		Yes		No
12			Yes		No
<b>Providers to be used:</b>					
13			Yes		No
14			Yes		No
15	Personal Assistants:	Ensure that DBS checks are taken up.	Yes		No
		Ensure public liability insurance is in place.	Yes		No
		Ensure training arrangements are in place.	Yes		No
		Referral to support services (if required).	Yes		No
<b>Contingency procedure:</b>					
If yes please give details:			Yes		No

<b>Additional steps to be taken:</b>		Yes		No
If yes please give details:				

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<b>Signature:</b>		<b>Print Name:</b>	
<b>Designation:</b>		<b>Date:</b>	

## Calculating Risk

It is reasonable to ask people to account for how they have used their Personal Budget to achieve the outcomes in their support plan. However financial monitoring should wherever possible be light touch and proportionate to the level of risk involved.

The table below will support practitioners to calculate and identify the level of financial risk and

Frequency of checks required based on risk score.

Value of Personal Budget	Risk Value	Risk score
Upto £5000	1	
£5001 - £15000	3	
Ability to manage Personal Budget/ Direct Payment		
Good understanding / no concerns	1	
Basic understanding / minor concerns	3	
Little or no understanding / major concerns	5	
Complexity of Support Plan		
Agency	1	
Mixed	3	
Personal Assistant	5	
Other risks identified in the Support Plan Review		
No other risks	1	

Positive risk taking ( person can manage themselves)	3	
Person cannot manage risks	5	
<b>Previous adult protection referrals</b>		
No previous referrals	1	
	Risk Value	Risk Score
Previous referral – low risk (minor incident, easily resolved )	3	
Previous referral – medium / high risk risky situation resulting in protection plan )	5	
<b>Previous allegations about a third party</b>		
No previous allegations	1	
Previous referral – no action taken, not proven	3	
Previous referral – action taken perpetrator proven	5	
<b>Total</b>		

Once a risk score has been calculated the table below shows the level of risk attributed to the service user and the frequency of review meetings required.

<b>Score</b>	<b>Risk level</b>	<b>Frequency of review</b>	<b>Reviewed by</b>
4 - 10	LOW	Annual Review	CHC Case manager & PHB worker
11 - 20	MEDIUM	6 monthly Review	CHC case manager & PHB worker
21 - 30	HIGH	3 Monthly Review	CHC Case manager & PHB worker & Risk panel

## The nature of delegated tasks

The kinds of task being considered for delegation in health can include those of a more clinical nature requiring very specific knowledge and skills in relation to, for example

- Dysphagia
- Epilepsy
- Nutrition
- Enteral and parenteral feeding
- Communication
- Ventilation – including tracheostomy care and long term ventilation
- Postural care / mobility equipment
- Medication
- Skin care / wound care
- Pain and distress
- Oral health care
- Cortical visual impairment
- Oxygen therapy

Following gathering of information and understanding the person's health and well being needs, the detailed plans are made. Some tasks may be considered unsuitable for delegation to a Personal Assistant (PA), and consideration can be given to the best way to deliver these, which may be through the existing NHS services or separately purchased support.

[www.personalhealthbudgets.england.nhs.uk/personalassistants:delegation,trainingandaccountability](http://www.personalhealthbudgets.england.nhs.uk/personalassistants:delegation,trainingandaccountability)

### ***Managing the Direct Payment***

The terms by which LCCG seek to operate Direct Payments for personal Health Care are the same as it does for Social Care, with the exception of aspects associated with charging or contributions. The proposed contract with the individual offers the detail of expectations of LCCG on the individual

It is required by LCCG that the individual sets up a dedicated bank account for Direct Payments to minimise confusion for the individual as to which money they are spending and to better enable financial audit without compromising the confidentiality individual's private financial affairs.

Once agreed the Direct Payment will be sent to the individuals nominated account *suggest* within 25 days. Payment will be on a 4 weekly basis or monthly from this date, payment will be in advance to ensure the money should be there for payment when needed. LCCG reserves the right to change the payment schedule at some future point.

Where the individual is receiving Social Care Direct Payments the transition to Direct Health Payments will not affect the payment date, with possible exception of the amount and cessation of contribution, the only change required in the LCCG system is a change of outgoing budget code.

For the future, outside of those eligible for 100% continuing healthcare, jointly funded packages, it remains unlawful for Social Care funding to purchase health care. The individual's record keeping together with the Care/Support Plan will be required to identify that the Social Care funding has not purchased health care.

All transactions should be recorded on a Balance sheet.

### **Review**

Key to the successful implementation, evidencing outcomes, and risk management of PHBs and DPs is the review process.

Whilst the Support Plan is developed following and through an assessment process, the review is the measure by which the plan and its outcomes are judged.

There are 2 aspects to the review – the clinical outcomes, and the financial management. Both these matters are addressed at the face-to-face meeting between the individual, PHB /CHC Case manager, then a PHB risk, quality and finance panel - includes Finance lead , safeguarding & quality lead and CHC Lead CCG/CHC lead.

At review the CHC/ PHB case manager makes use of the appropriate outcomes to facilitate the discussion and assist empowerment for the individual. Tweaks to the plan to support outcomes will be agreed at that individual level, provided they are reasonably within budget. This conversation allows for difficulties encountered to be addressed.

The individual receiving DPs is required to submit their financial information and records to the LCCG Senior Finance Manager, who performs the financial audit monthly. This enables queries to be responded to quickly – for instance, does a given receipt support work towards an agreed outcome. Where the financial audit is complex it may be required for LCCG Senior Finance Manager to take the information away and return it to the individual after an agreed time. Secure emails may be used Egress or NHS net emails to carry out finance audit.

### **Schedule of review**

The review schedule is governed by the level of risk within the Care/Support Plan, both clinical and financial. However there are a couple of fixed points in Budget, Risk, Assessment .

The first review will take place at 6 weeks for the Care/support plan with the PHB case worker and again at 3 months with the CHC case manager and the PHB case worker to confirm ongoing continuing healthcare eligibility. This will ensure any problems with setting up the packages of care can be dealt with.

The longest period of review will be 12 months after the agreement of the Care/Support Plan, and 12 monthly thereafter. This will be for individual with low risk, low cost packages of care and ratified ongoing continuing healthcare eligibility.

Care/Support Plans with moderate levels of risk and moderate costs will be reviewed 3-6 monthly as recommended by CHC Risk and Quality Panel.

Support Plans with high levels of risk and high cost may be reviewed as frequently as monthly if significant concern is raised.

The level of risk can be reduced by the individual through maintaining consistently good records and co-production with LCCG. This develops a sense of trust and thus reduces the category of risk (and indicated frequency of review).

### ***Termination of Direct Payments***

LCCG may stop making a direct payment if satisfied that it is appropriate to do so, for example if:

- The person no longer needs care.
- Direct payments are no longer a suitable way of providing someone with care.
- The representative or nominee is no longer suitable to receive direct payments and no one else has been appointed.
- The individual or representative withdraws their consent.
- The individual has withdrawn their consent to the representative receiving direct payments on their behalf.
- The direct payment has been used otherwise than to purchase services agreed in the Personal Plan.
- Fraud, theft or an abuse in connection with the direct payment has taken place.
- The person has died
- LCCG cease the scheme
- The person is no longer eligible for 100% continuing healthcare.

During the Support Planning process LCCG must agree with the individual receiving the direct payment a reasonable period of notice if the LCCG decides to reduce or stop the direct payment. This should be based on the period of notice required for altering or ending contracts with service providers, and should give sufficient time to allow alternative provision to be made to ensure continuity of care. Normally, this will be between one and three months. In some circumstances, it may be appropriate to agree a staggered timeline for reducing the direct payment, as notice periods may

differ for different services in the Support Plan. Care planning reasoning when would we reduce.

If, for whatever reason, the individual receiving care is no longer able or willing to manage the direct payment, LCCG may be responsible for fulfilling the contractual obligations the person has entered into. After a direct payment is stopped, all rights and liabilities acquired or incurred as a result of a service purchased by direct payments will transfer to LCCG.CHC Team to arrange a notional service or third party agreement.

In some cases, it may be necessary to stop the direct payment immediately, for example if fraud or theft has occurred. In these cases, 'reasonable notice' may include immediate termination of the direct payment. In these circumstances, staff should endeavour to protect public money as far as possible, whilst being mindful of LCCG's continued duty to provide care, and should try to ensure the person involved continues to receive appropriate services via other mechanisms.

Whenever a direct payment is reduced or stopped, the individual receiving the direct payment must be notified, and reasons for LCCG's decision must be explained in writing, and should be accessible and understandable to the person involved.

On receipt of notice of termination from LCCG/CHC, the individual or representative may request the LCCG/CHC to reconsider its decision. They may also provide additional evidence or relevant information to inform that decision. LCCG/CHC must re-consider the decision to end the direct payment when presented with any new evidence, and then notify and explain the outcome of the deliberation in writing. The decision will only be reconsidered once in 6 months.

### **Recovering Money from Direct Payments**

If LCCG/CHC decides to seek repayment, the relevant person must be given reasonable notice in writing, stating the following:

- The reasons for the decision
- The amount to be repaid
- The time in which the money must be repaid
- Identifying who will be responsible for repayment.

For whatever reason that the direct payment is ended, LCCG/CHC is still under a duty to provide healthcare to the patient if they remain eligible for 100% CHC funding. Where possible, the individual will continue to receive a personalised service and maintain continuity of care through other options available.

In some circumstances, LCCG may ask for all, or part, of the direct payment to be repaid. The decision to seek repayment, and the amount of money to be

reclaimed, is at the discretion of LCCG Finance Manager. LCCG may choose to waive reclaiming all or part of the direct payment depending on the mitigating factors of the circumstances, which will be determined by the CHC lead in consultation with finance, Risk and Quality panel.

The people involved are part of a learning process, and honest errors may occur. The power to reclaim direct payments should not be used to penalise people for making mistakes, nor should it be used when the individual has been the victim of fraud.

### **Circumstances where Direct Payments may be reclaimed**

The following list of circumstances where money may be reclaimed describes as the organisation expects from experiences with the Social Care Direct Payment. As such this list should not be considered complete and exhaustive. LCCG Finance Manager reserves the right to reclaim money for other reasons on an individual basis, and for which the individual will be notified as above.

- The direct payments have been used otherwise than to purchase a service not agreed in the Care/Support Plan; theft, fraud or other offences may have occurred
- The patient has died, leaving part of the direct payment unspent
- The Care/Support Plan has changed substantially, and there are excess funds as a result
- The individual's circumstances have changed substantially, for example as a result of being hospitalised and so they are not using their direct payment to purchase care.
- Following a review they are no longer eligible to 100% continuing healthcare funding.
- A significant proportion of the direct payment has not been used to secure the services specified in the Care/Support Plan and so money has accumulated.

If a substantial amount of money has accumulated in the individual's account due to an under spend, for whatever reason, LCCG Finance Manager will consider whether it is appropriate to reclaim that money. In some circumstances, it may be more appropriate to simply reduce subsequent direct payments, factoring in the existing surplus. A surplus may indicate that someone is not receiving the care they need or too much money has been allocated, and so as part of the review process, staff should establish why any surplus has built up.

When reclaiming money from a representative holding the money that person must be approached, rather than the individual receiving care. However as far as possible, the person receiving care must be made aware of LCCG's Finance Manager Intentions, and the reasons for this decision.

When reclaiming money from the estate of someone who has died, LCCG Finance Manager must approach the personal representatives of the individual to seek repayment. This should be done sensitively, and a leave period of grace may be required to allow the executors of the will to ensure the estate is in order.

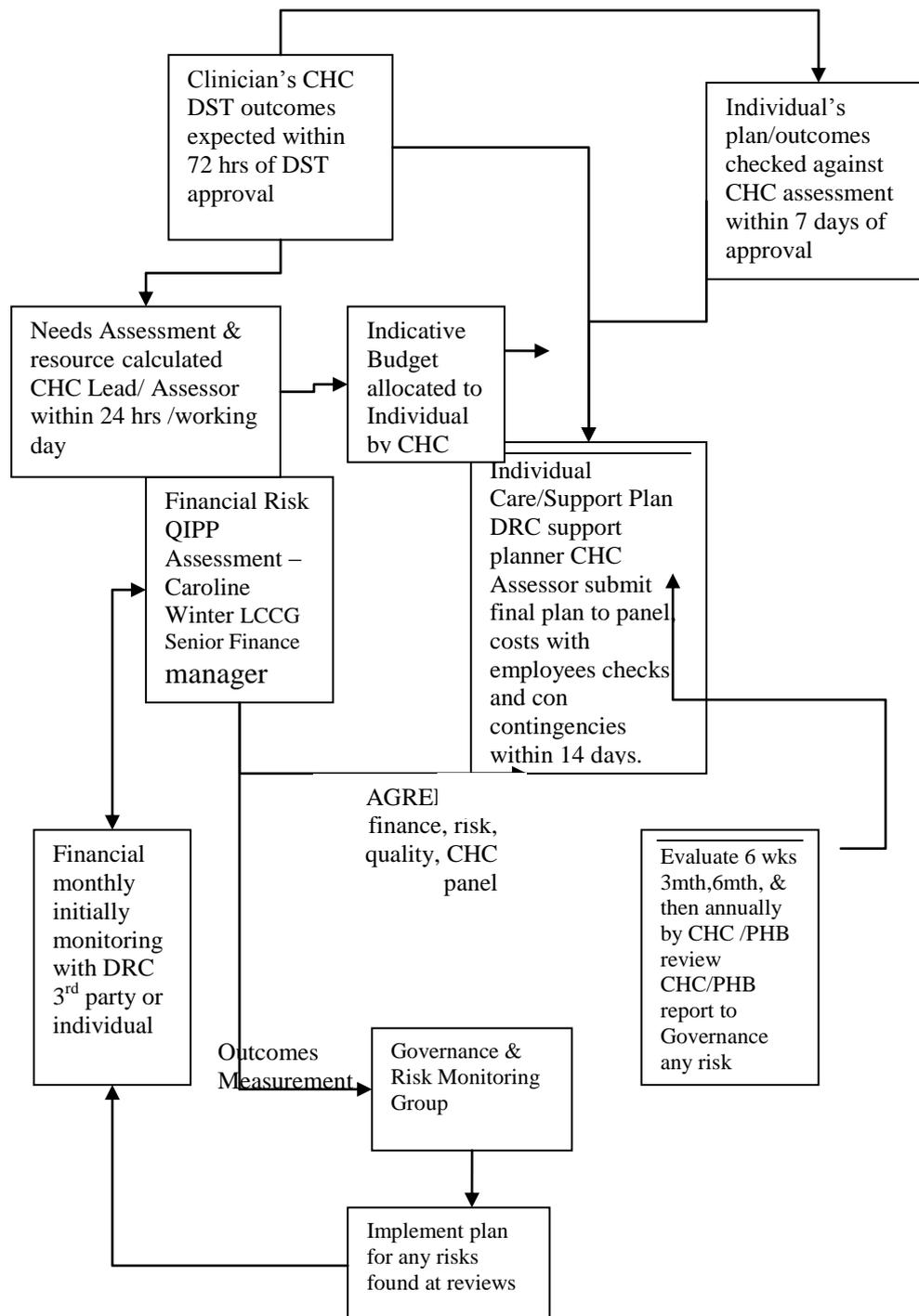
If LCCG Finance Manager is seeking to reclaim money as a result of theft, fraud or another criminal offence, then that sum could be summarily reclaimed as a civil debt. In these circumstances, LCCG will require suitable legal advice from one of its approved suppliers. This power does not affect any other method of recovery, for example under the Proceeds of Crime Act (2002).

### **Disputes**

Where an individual is not happy with the amount that LCCG sets the PHB or DP at, requirements of the Direct Payments processes, or any other aspect of the PHB or DP systems, all efforts to address the matter will be taken informally. Should informal procedures not prove satisfactory then the individual has the right to use LCCG complaints procedure and escalations of this in the normal manner.

All matters raised in this manner will also contribute to the learning of the PHB project.

**Appendix B – Approval Process for Personal Health Budgets Direct Payment Once Individual adult approved eligible for 100% funding**



## Appendix A

### **PERSONAL HEALTH BUDGET AGREEMENT**

This document tells you about having a Personal Health Budget

1. Information about You and Community Services
2. Basis of the agreement
3. Responsibilities of your Nominated Representative (if you have one)
4. About your Personal Health Budget
5. General Rules on How to Use the Money
6. Record Keeping and Audit
7. Review
8. Changed Needs, Contingent and Emergency Arrangements
9. Comments, Complaints and Compliments
10. Ending the Agreement
11. Signatures

LCCG Personal Health Budget Approval process for  
CHC

10/04/2014

#### **1. Information about You and Community Services**

This agreement is between: -

Luton Clinical Commissioning group  
The Lodge  
4 George Street West  
Luton  
(Referred to in this agreement as 'we' or 'us')

18/08/2014 Mary Bennis

And

Name and address of person receiving the Personal Health Budget.

(Referred to in this agreement as 'you')

And

Name and address of Representative or chosen decision maker

## **2. Basis of the Agreement**

This agreement is made on the basis that: -

- An assessment of your health needs has been completed with a health professional and it has been identified that you are eligible to receive continuing health care funding.
- Your support plan will identify the care or support that you need to meet your assessed health care outcomes in order to maintain your independence.
- You are willing and able to secure the care/support detailed in your support plan yourself or with support, (from a Nominated Representative) and we agree to make your Personal Health Budget available to you to purchase the support that you need.

Any payment made under this agreement will be subject to regular audit and monitoring by Luton Clinical Commissioning Group, which may be reviewed by the Personal Health Budget Governance Group.

### **3. Responsibilities of Your Nominated Representative (If you have one)**

As part of the Clinical Commissioning Group agreeing to someone acting as your Nominated Representative, that person must be prepared to accept the following responsibilities:

- ❖ To involve you in decisions about your support
- ❖ To represent your best interests

Even if you need a Representative you still have the right to be involved whenever possible. There is a duty placed on the Representative to involve you in all relevant decisions where possible.

If the Representative repeatedly fails to make decisions that reflect these key responsibilities, then their role as a Representative would need to be reconsidered.

### **4. About your Personal Health Budget**

#### **The amount of money you will receive**

**Start Date:**

(Proposed) Breakdown of Payments:

The frequency of your payments will be discussed with you. However, payments are usually made on a four weekly basis and will be reviewed annually unless your health care needs change.

#### **How you will receive your money**

There are three main ways that you can receive your personal health budget:

1. A direct payment
2. A third party managed Account
3. A notional budget

You will have all the options explained to you before you decide which the best option for you is. When you have decided which way you would like to receive your budget please mark your choice with an 'X' in the box.

### **Direct Payments**

A direct payment is where your Clinical Commissioning Group pays money directly to you. The money will be paid into a bank account set up for this purpose.

If you have received a direct payment from Social Care in the past then it may be possible to use the same bank account for your Personal Health Budget.

- Your Personal Health Budget will be paid into a Bank Account, which will be opened in your name and managed by you or your nominated representative.
- You will need to sign an agreement and BACS payment form with the Luton Clinical Commissioning group. Your Personal Health Budget Advisor will advise you about this.
- You will be required to provide evidence of how you have spent the money for audit purposes. You will need to keep a record of your income and expenditure including receipts, invoices, timesheets, payslips and bank statements.

### **Managed Bank Account**

A third party Managed Bank Account is where the clinical commissioning group pays your allocated budget into a bank account that is opened in your name (or your nominated representative's name) on your behalf.

- The bank account will be opened and managed by the disability resource centre on your behalf.
- You will need to sign a Managed Bank Account agreement with DRC. Your Personal health Budget Advisor will advise you about this.
- You can request the balance of your bank account during working hours, Monday-Friday.
- Payments made will be paid by cheque. LCCG need to discuss and agree
- The bank account will be audited by through DRC and therefore it is important that you submit all related expenditure.



### **Notional budget**

A Notional Budget enables you to be involved in planning your own care. The Clinical Commissioning Group will pay your service provider directly for any services that you have been assessed as needing.

Please note- you cannot employ your own Personal Assistants if you choose to have a notional budget.

## **5. General Rules about How to Use the Money**

Your Personal Health Budget enables you to buy the care, support or service that is detailed and agreed in your care/support plan.

The money cannot be spent on illegal services or activities, alcohol, tobacco, gambling or debt repayment.

### **Using a Care Agency**

If you wish to use a care agency, that you purchase care from a provider who is registered with the Care Quality Commission who regulate the standards of care agencies nationally. There is a list of registered providers available, please see [www.cqc.org.uk](http://www.cqc.org.uk) for more information.

Your Personal health Budget Advisor or your named health professional can also advise you about choosing a care agency.

If you choose to purchase a service through a care agency then please be advised that the contract and agreed price is a private arrangement between you and the care agency. Should the care agency increase its prices in the future above the agreed payment rate, or require you to give a period of notice, the Clinical commissioning group may not be responsible for meeting any additional cost.

### **Employing your own staff**

You may also use your Personal Health Budget to purchase a service from any willing trained provider. This may include employing a Personal Assistant. If a provider you choose requires training to enable them to carry out their role effectively, training must be undertaken to ensure that you receive a high quality service. The Disability Resource Centre can support you to access training as an employer and for your Personal Assistant(s) at a cost.

A CRB (Police Check) must be completed as part of the employment process. If you choose to employ your own staff you will have some legal responsibilities as an employer. These include but are not limited to providing:

- A statement of employment particulars including: Providing a written contract, highlighting the location of the work, remuneration, period of

notice etc. It is a legal requirement to have a written contract of employment between you and your member of staff.

- Deducting Tax and National Insurance Contributions
- Adhering to Statutory sick pay and Maternity Entitlements and Responsibilities, Paternity leave and pay, Adoption, Redundancy, Equal Opportunities, Unions and Health and Safety policies.
- You are legally required to take out Employers and Public Liability Insurance which will be funded as part of your initial payment.

You will be responsible for all the employer responsibilities. Guidance can be obtained online at: [www.direct.gov.uk](http://www.direct.gov.uk): '*Employing a professional carer or personal assistant*' or [www.hmrc.gov.uk](http://www.hmrc.gov.uk)

We recommend that you consult the Disability Resource Centre, a user led organisation that supports people to direct their own care for information and advice about becoming an employer. You can employ a relative as long as they are not living with you.

You cannot employ family members living in the same house as you in normal circumstances. This will be allowed only under exceptional circumstances.

## **6. Record Keeping and Audit**

You are required to keep records.

If you receive a direct payment your accounts will be audited directly through you.

If you use a Managed Bank Account, your bank account will be audited through DRC. DRC are only able to make payments that are agreed in your care/support plan. The records will be subject to audit arrangements and DRC will be audited annually (as a minimum).

The balance of the bank account will be reviewed monthly and any money that has not been allocated to your care or support will be returned to the Clinical commissioning Group (unless a prior agreement has been made with your named health professional).

## **7. Review**

The arrangements agreed within your Care/support plan will be reviewed at 6 weeks, 3 months, 6 months and at least annually. The review will determine if you continue to meet continuing healthcare eligibility criteria, your needs and your personal outcomes have been met or have changed, and to establish what has worked well or not worked well for you.

If your needs have changed during this period of time you may request an earlier review of your needs by contacting the continuing healthcare team professional.

## **8. Changed Needs, Contingency and Emergency Arrangements**

You are required to make contingency arrangements within your care/support plan, which may include having a contingency fund.

Primary care services, including access to your GP and emergency services such as Accident and Emergency will always be available to you regardless of having a Personal Health Budget. These services are not included in your budget.

If your needs change or something is not working, you or your Representative, must contact either your personal health budget advisor or your named health professional in the continuing healthcare team.

## **9. Comments, Complaints and Compliments**

You have a right to comment, complain or compliment through the Clinical Commissioning Group's Complaints Department's complaints procedure about any action, decision or apparent failing of the Clinical Commissioning Group. A copy of this procedure can be accessed via Luton Clinical Commissioning Group website [www.lccg.nhs.uk](http://www.lccg.nhs.uk) nhs choices.

## **10. Ending the Agreement**

Either you or we may end this agreement by giving 4 weeks notice in writing to the other party.

We may end this agreement with immediate effect if, after investigation, it is found:

- You are using the money illegally
- You are not using it in your own best interests
- Your Nominated Representative is found to be acting in a way that is not in your best interests.

Wherever possible, we will work with you and your Representative to find a resolution to the issues before ending the agreement.

At the point of ending the agreement, any funds which are in your Managed Bank Account paid to you by the Clinical Commissioning Group which covers the period after the termination date, must be paid back in full.

## **11. Signatures**

This is where both parties are signing up to this agreement. This means that we will all work to what has been agreed in this document.

**1<sup>st</sup> Party:**

Us – Luton clinical Commissioning Group

Signature on behalf of Luton Clinical Commissioning Group:

Date:

**2<sup>nd</sup> Party:**

You – The person receiving the Personal Health Budget

Signature:

Date:

**3<sup>rd</sup> Party:** (If applicable)

Nominated Representative – the person receiving/ managing the Personal Health Budget on behalf of the above named person.

Signature:

Date:

Appendix 3

**MENU OF SERVICES FOR PERSONAL HEALTH BUDGETS**

DESCRIPTION OF SUPPORT	PRICE
<p><b>A. Support planning and brokerage</b></p> <ul style="list-style-type: none"><li>• Understanding assessed need from initial assessment and indicative budget</li><li>• Home visit to hear from service user and other stakeholders, headline ideas</li><li>• Home visit to agree detail and final budget with Lead Clinician</li><li>• Decide most appropriate menu and administer referral</li></ul>	<p><b>£295.00</b></p>
<p><b>B – if PA has not been identified</b> Full support with the recruitment and setting up of payroll to include:</p> <ul style="list-style-type: none"><li>• 1 DRC Support Worker visit to advise on employment legislation and responsibilities</li><li>• To inform of recruitment processes</li><li>• To draw up job description and application form</li><li>• Telephone conference with DRC PA Register Administrator to plan wording/ placement of job ads and arrange interviews (all responses to advertisements and applications sent are dealt with initially by DRC)</li><li>• Second visit from DRC Support Worker to set up payroll, fill out DBS applications etc. when PA has been recruited</li><li>• Full payroll service from DRC on-going – (additional charge as detailed below)</li><li>• Set up employers liability insurance – (cost premium to be included in PHB).</li><li>• And draw up employment contract</li><li>• <b>Note – we cannot guarantee successful recruitment.</b></li></ul>	<p><b>£350.00</b></p>
<p><b>C – Further recruitment support</b></p> <ul style="list-style-type: none"><li>• If further DRC support is required where recruitment has been unsuccessful (i.e the need</li></ul>	<p><b>£150.00</b></p>

to re-advertise)	
<b>D. If PA is already identified, support as follows:</b> <ul style="list-style-type: none"> <li>1 support worker visit to advise on employment legislation and responsibilities and payroll set up</li> <li>Full payroll service – (additional charge as detailed below)</li> </ul>	<b>£100.00</b>
<b>E. Full Payroll service which includes:</b> <ul style="list-style-type: none"> <li>Registration with HMRC</li> <li>Processing of payroll and year end returns</li> <li>Processing of timesheets calculation and supply of employee pay slip</li> </ul>	<b>£9.00 per employee every 4 weeks</b>

<b>DESCRIPTION OF SUPPORT</b>	
<b>F. DBS check if required ( excludes any statutory fees)</b>	<b>£20.00 per new recruit</b>

<b>DESCRIPTION OF SUPPORT</b>	<b>PRICE</b>
<b>G. Customer Holding Account -</b> Full support with finances surrounding the Personal Health Budget to include: <ul style="list-style-type: none"> <li>Set up of initial bank authority</li> <li>Receipt and allocation of funding</li> <li>Management of all BACS payments from account</li> <li>Policing of account budget</li> <li>Information on account activity and balance</li> <li>Supplier invoice query/dispute resolution</li> <li>Red flag to PHB team/MAP on any overspend</li> <li>Completion/submission of returns for MAP team</li> <li>Implementation of budget changes</li> </ul>	<b>£35.00 per month</b>

<b>DESCRIPTION of SUPPORT</b>	<b>PRICE</b>
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H. Ad hoc additional support as requested by Clinician	<b>£26.00 per hour</b>
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